

9634

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 482
Registered No. 11

1. PLACE OF DEATH

County Yuma State ARIZONA
Township Yuma or Village Blue Bird Augo Court
City Yuma No. Blue Bird Augo Court St. Blue Bird Augo Court Ward Blue Bird Augo Court

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred... yrs. 4 mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. 4 mos. 4 ds.

2. FULL NAME Ralph Glendon King

(a) Residence: Rockford, Ohio (Usual place of abode) How long in State when death occurred? ... yrs. 4 mos. 4 ds. (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary King (or) WIFE of Mary King

6. DATE OF BIRTH (month, day, and year) April 23, 1890

7. AGE Years 49 Months 9 Days 10 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Disabled
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veteran

10. Date deceased last worked at this occupation (month and year) Rockford Ohio 11. Total time (years) spent in this occupation Rockford Ohio

12. BIRTHPLACE (city or town) Rockford (State or Country) Ohio

13. NAME T. Z. King

14. BIRTHPLACE (city or town) Rockford (State or Country) Ohio

15. MAIDEN NAME Loretta Shaffer

16. BIRTHPLACE (city or town) Rockford (State or Country) Ohio

17. INFORMANT MRS Mary King (Address) Gen. Del. Yuma, Arizona

18. BIRTHPLACE (city or town) Rockford (State or Country) Ohio

19. EMBALMER The Johnson Mortuary License No. 1234 Address Yuma, Arizona

20. Filed Feb 3 1940 Registrar Mary A. Whippleman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1939, to 2-2, 1940

I last saw him alive on 2-2, 1940, death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis of heart. Date of Onset 1-20-40

Other contributory causes of importance: Weariness

Name of operation... Date of... What test confirmed diagnosis?... Was there an autopsy?...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?... Date of injury... 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury... Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify... (Signed) M. D.

(Address) Yuma, Ariz.